

## **REMARKS**

### **Response to Claim Rejections – 35 USC § 101**

The preamble and section (f) of Claim 11 have been amended, adding, “In a computer-readable media” to cure the office actions allegation that the claim is insufficiently tangible. This should remove any objection to the claim.

This amendment does not present new issues and should not require, or at most only require minimal further review by the examiner. The concept that the computer program was in a computer-readable media was implicit throughout the rest of the claim as all other sections clearly and explicitly already recited a computer readable media. The claim as a whole thus was not insufficiently tangible. Applicants request the entry of this clarification of the preamble and section (f).

For further clarification, section (1f) of method claim 1 was likewise amended.

### **Response to Election/Restrictions and Claim Rejections – USC § 112**

As to the rejection of claims 22 and 23, please see [0051] of the specification wherein Practice Management System is defined as a system connected to a network. Claims 22 and 23 could be revised in the future to replace “Practice Management System” with “Network” if the Examiner would find such terminology clearer. Claims 22 and 23 clearly require the methods claimed therein to be practiced without a network.

In light of the clarification to the meaning of Practice Management Systems, the Election/Restriction requirement should be withdrawn. Claims 22 and 23 recite the same methods as claims 1 and 11, but to be practiced without the use of a network. Nothing in claims 1 or 11 requires a network, nor was such a basis of any restriction/election previously. Nothing in the specification either requires a network, furthermore, see, e.g., paragraph [0051] which states “ALEX is networkable, but can also stand alone, i.e. can be operated without connection to practice management systems.”

The subject matter of the claims as originally presented have not been changed by claims 22 or 23, only the limitation (which was previously contained in the specification) that claims 1 and 11 can function without the use of a network has been added, while the original claims included both a networked and non-network option at least implicitly.

### **Claim Rejection Under 35 USC § 103**

Skardon does not disclose a method for recording and analyzing syndromes of allergic diseases and their causes for establishing therapy proposals. It discloses medical devices for analyzing air for lung irritants for the detection of allergens with the purpose of giving advice to an asthma patient. Please see column 1 lines 38-40, reciting “To assist a patient to avoid asthma triggers, especially in the home setting.” Sakardon discloses an air monitoring device for the homes of asthma patients, “A location where the asthma patient is situated” (column 2 lines 21-22).

The “advice” generated by the Skardon system is not what the current application refers to as a therapeutic proposal. The only communication with an asthma patient the device in Skardon can generate is a blinking light. It can not communicate what is wrong, to what degree something is wrong, or what the person should do to fix what is wrong. This is the difference between “advice” and a therapeutic proposal. The Skardon system as a whole has the capability to communicate though, “beeping signal, a paging message, a voice message, a fax message, an email, and so forth,” (column 5 lines 20-21) but “The content of the advice response is application dependent, e.g. the response may be an indoor air quality advisory, an outdoor air quality advisory, a weather advisory, and/or a natural/man made pollution event advisory” (column 5 lines 14-18). Skardon can at best warn about the environment around an asthma patient. The current invention diagnoses a patient based on given answers to anamnesis questions and other patient data, the output of which are answers to what could be wrong with the patient and how to correct such wrongs. Skardon “advice” at most recognizes and warns an already diagnosed asthma patient of a potential environmental danger. The currently claimed invention on the contrary is directed to a method and system for recording and analyzing syndromes and their causes for establishing appropriate therapy proposals.

The Skardon system’s output is based, at least partially, on air/asthma service advice server including generating the advice given to the patient. Skardon does not disclose a system for therapy proposals, but rather air monitoring system with the ability to transmit data. All of the decision making as to the air’s potential danger to the patient and the ultimate decision as to what the patient should do is done by the air/advice server (column 2 lines 20-31). Most importantly, even the decision made by the air/advice server is as the Skardon

patent refers to it, "advice," and not a therapeutic proposal like the one generated by the currently claimed invention.

Skardon is also limited to asthma patients only, not to any other allergic diseases and/or syndromes.

Applicants respectfully disagree with interpretation of Skardon that section (b) of the Office Action states. Skardon does not disclose a database where data relating to the causes of allergic diseases are listed and stored which is continuously revised and extended. Skardon databases are comprised of air composition data and weather data. The Skardon disclosure does not relate to the "causes of allergic diseases," but only to air contaminants that are dangerous to specific asthma patients.

Applicants respectfully disagree with section (h) of the Office Action when it alleges that the prior art teaches "Preparing one or more diagnosis proposals." The only feedback or advice provided by the actual device in Skardon is a beeping sound or flashing light. As discussed above this is at most "advice" as defined by Skardon, and not, as the Office Action alleges, that the prior art teaches "diagnosis proposals."

Applicants respectfully disagree with section (i) of the Office Action when it alleges that the prior art teaches, "Preparing one or more therapy proposals." Nowhere in column 11 lines 25-50 or anywhere else in Skardon are therapy proposals being prepared disclosed. The word therapy never appears in the entire Skardon patent. Skardon advises an asthma patient regarding the air in a specific room or environment whereas the current invention provides for the determination of appropriate therapy proposals for a variety of syndromes.

Applicants respectfully disagree with section (j) of the Office Action in that, Skardon does not disclose preparing test proposals to further narrow down the diagnosis and therapy proposals and select comparable anamneses from data recorded from patients based on the answers to the anamnesis questions. Again, Skardon relates to identifying air contaminants and pollution and does not store or create any data related to diagnosis. The Office Action further recognizes in section (k), that Skardon does not disclose that the data it does store is stored in an anonymous manner, yet inexplicably rejects the claims.

Fey discloses a networked health screening system that queries a database of a population for similar trends and results. Fey does not disclose a diagnosing and treatment proposal system for allergic diseases and does not disclose that the actual scientific

knowledge with respect to allergens and mechanisms and causes of allergies are continuously revised, extended, and brought into the system.

Regarding the rejection of claim 9, which incorporates diagnosis and the production of a therapy proposal, and requires previous anamneses answers to be compared against newest set of answers before making a diagnosis and proposing a therapy, please consider the following. Fey [0025] refers to screening test results that are used to identify clinical study qualifiers, forecast trends, and evaluate medical probabilities. Fey [0025] incorporates no comparison of data (it merely aggregates it) and includes no diagnosis or therapy proposals. Fey [0094] focuses more intensely than [0025] on the aggregation of information for scientific research, the goal of the research being to, “develop trend data and risk assessments,” ([0094]). Fey [0094] merely emphasises an idea presented in Fey [0025] that does not teach to claim 9 of the current application.

As to the rejections to claims 10 and 18 please see the arguments above relating to Skardon and claim 1, particularly, that Skardon fails to even mention the word therapy even one time though the entirety of the patent. Skardon’s output is “advice” as to environmental conditions, not a diagnosis or a therapy proposal and does not teach to claims like 10 and 18.

As to the rejection of claim 22, cached data though stored locally is temporary and derived solely from a network. Cached data is also incomplete in that it loses much of its functionality once it is disconnected from the internet. The cached data in Skardon is a copy of data on the server, “The data are either retrieved from local cached copies or directly from remote servers,” (column 11 lines 43-44). Furthermore it is the air/asthma advice server that is using the cached data not the allergen detection arrangement. The server itself is part of a network. Without the use of a network Skardon would consist of an air monitoring device, which device would be unable to interoperate or communicate any of the data it collected. Please also see the arguments presented above regarding section (h) of the Office Action.

Neither Fey, nor Skardon, either alone or in combination teach or suggest of all of the claim limitations of the claimed invention, specifically to a method or system for recording and analyzing syndromes and their causes for establishing an appropriate therapy proposals for allergic diseases. Iliff’s disclosure that responses to questions are weighted and scored does not fill in this gap, especially in regards to establishing therapies. Even if a person skilled in the art were motivated to combine these references all the limitations of the current

invention could not be found, most notably the complete lack of any reference to address therapies for allergic diseases.

For all the foregoing reasons, reconsideration of all claim rejections are respectfully and courteously requested.

The Commissioner is hereby authorized to charge any fees associated with this response or credit any overpayment to Deposit Account No. 13-3402.

Respectfully submitted,

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